

# REQUEST FOR USE WSPR FACILITIES

## Request for Use Steps:

1. Save this form to your electronic device prior to submitting a completed copy via the buttons below in order to enable the email capability.
2. The bookings clerk will contact you to confirm the dates requested, review insurance submission, discuss pertinent details and arrange payment.



1767 Island Highway  
Victoria, BC V9B 1J1

www.wspr.ca

Today's date:

### USER INFORMATION:

Organization: \_\_\_\_\_ Contact name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Municipality: Langford Colwood Metchosin Highlands Sooke View Royal Other: \_\_\_\_\_

Phone (business): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

### FOLLOWING FACILITIES: Hope Peden 250-474-8611 / bookings@wspr.ca

#### Meetings and Gatherings

Westshore Room  
Highlands Room  
Langford Room  
Fieldhouse (*Golf Clubhouse*)  
Clubhouse: Lower (*Lawn Bowls side*)  
Clubhouse: Upper (*Velodrome side*)  
JDF 55+ Auditorium  
JDF 55+ Room 101 201 202  
Centennial Centre: Oak Room  
Centennial Centre: Arbutus Room

#### Outdoor

Picnic Shelter  
Walking Trails  
Parking Lots

#### Parks

Colwood Creek (*City of Colwood*)  
Herm Williams (*City of Colwood*)  
Meadow (*City of Colwood*)  
Oceanview (*City of Colwood*)

[Submit form to Hope](#)

### FOLLOWING FACILITIES: Glen Klassen 250-474-8626 / sportbookings@wspr.ca

#### Arenas

JDF Arena  
Ice Dry Floor  
Q Centre Arena  
Ice Dry Floor

#### Indoor Sports Complex

Sports Floor 1 2  
Sports Turf

#### Royal Bay

Artificial Turf\* Grass

#### Outdoor

*\*require lights past dusk and fees will automatically be added to your contract*

Fields*	1	2	3
Diamonds	1	2	3
Lacrosse Box*			
Golf Course			
Artificial Turf/Velodrome*			
Sports Courts			
Volleyball	Basketball*	Tennis	

[Submit form to Glen](#)

### TO BOOK THE POOL: Raf Olejniczak 250-474-8680 / rolejniczak@wspr.ca

To book the pool, please complete the user information, purpose and date of request and submit the form to Raf.

[Submit form to Raf](#)

### PURPOSE & DATE OF REQUEST:

Purpose of rental: \_\_\_\_\_ # of participants: \_\_\_\_\_

Your age group: Age 18 years younger Insurance: All renters must provide a copy of their third party \$5 million liability policy with West Shore Parks & Recreation Society added as an additional insured. Yes, I acknowledge  
Age 19 years & older

Date requested (MM/DD/YYYY): \_\_\_\_\_ OR \_\_\_\_\_ TO \_\_\_\_\_  
*Please consult the online availability calendar at explore.wspr.ca*

AV rental requests: \_\_\_\_\_ TO \_\_\_\_\_  
*Additional costs may apply. Please consult with clerk upon confirmation of booking.*

Day(s) requested: M Tu W Th F Sa Su Time requested: \_\_\_\_\_ TO \_\_\_\_\_  
Projector (screen included) Screen only Microphone Lecturn Sound system Flip chart stand Whiteboard Bartender

### ADDITIONAL DETAILS: Please provide any additional details not already listed above.

**PLEASE NOTE:** Facility rentals are not considered complete, until a valid proof of insurance is provided, a signed facility agreement & payment have been submitted to the bookings clerk.

Signature: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_